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|--|--|--|------------------------------------|--|
| OFFICIAL TDY TRAVELER AUTHORIZATION<br>(Note: See Privacy Act Statement on reverse)  |  |  | 1. AUTHORIZATION NO.<br><br>0S4E5B |  |
| 2. TRAVELER (first name, middle initial, last name)<br><br>WILLIAM M. OROS   |  | 3. TITLE   |                                    | 4. SOCIAL SECURITY NO.<br><br>EPA-00-028610  |
| 5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:<br><br>636 N Wright Street<br><br>NAPERVILLE, IL 60563   |  | 6A. OFFICE/SERVICE AND DIVISION  |                                    | 6B. CORR. SYMBOL   |
|  |  | 7. OFFICIAL DUTY STATION   |                                    | 8. OFFICE PHONE NO.<br><br>3128860315  |
|  |  | 9. TYPE<br><input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT |                                    | 10. CATEGORY<br><input checked="" type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA    ( <input type="checkbox"/> COST <input type="checkbox"/> NO COST ) |
| 11. TRAVEL PURPOSE (check one)<br><input type="checkbox"/> SITE VISIT <input type="checkbox"/> INFORMATION MEETING <input type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input checked="" type="checkbox"/> OTHER (SPECIFY) |  |  |                                    |  |
| 12. SPECIFIC TRAVEL PURPOSE<br><br>E-ENFRCMNT RLD TRAV-NOSE  |  |  |                                    |  |

|   |                 |  |  |  |     |     |                            |  |  |
|---|-----------------|--|--|--|-----|-----|----------------------------|--|--|
| 13. AUTHORIZED OFFICIAL ITINERARY   |                 |  |  |  |     |     |                            |  |  |
| NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.   |                 |  |  |  |     |     |                            |  |  |
| DATE<br>(a)   | WEEK-DAY<br>(b) | ITINERARY POINT<br>(c)<br>CITY    STATE  |  | PER DIEM RATE<br>M&IE RATE (d)    MAXIMUM LODGING (e)    TOTAL MAXIMUM (f)   |     |     | ACTUAL EXPENSE RATE<br>(g) | MODE OF TRANS. BETWEEN ITINERARY POINTS<br>(h) | MODE OF LOCAL TRANSPORTATION<br>(i)    |
|   |                 | FROM:  |  |  |     |     |                            |  |  |
| 11/08/11  | TU              | RES: NAPERVILLE IL   |  |  |     |     |                            |  |  |
| 11/10/11  | THU             | TO: SPRINGFIELD IL   |  | 56   | 81  | 137 |                            |  |  |
| -----   | ---             | TO: -----  |  | ---  | --- | --- | ---                        | ---  | ---                                    |
| 11/10/11  | THU             | TO: RES: NAPERVILLE IL   |  |  |     |     |                            |  |  |
| YES   | NO              | 14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement)   |  |  |     |     |                            |  |  |
|   | X               |  |  |  |     |     |                            |  |  |
|   | X               | 15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)  |  |  |     |     |                            |  |  |
|   | X               | 16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)  |  |  |     |     |                            |  |  |
|   | X               | 17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B)<br><input type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER |  |  |     |     |                            |  | 17B. MILEAGE RATE AUTHORIZED PER MILE. |
|   | X               | 18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22)<br>IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY:<br>(1) EXPENSES MUST BE ITEMIZED EACH DAY.<br>(2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00.<br>(3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).                    |  |  |     |     |                            |  |  |
| 19. TRAVELER IS (check one)<br><input type="checkbox"/> a. GOV'T CHARGE CARD HOLDER <input type="checkbox"/> b. GOV'T CHARGE CARD DECLINE <input type="checkbox"/> c. INFREQUENT TRAVELER |                 |  |  | 20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one)<br>(Note: if item 19a was checked and you check 20b or c, explain in item 22)<br><input type="checkbox"/> a. INDIVIDUAL GOVERNMENT CHARGE CARD <input type="checkbox"/> b. BLANKET GOVERNMENT CHARGE CARD <input type="checkbox"/> c. GOVERNMENT TRANSPORTATION REQUEST <input type="checkbox"/> OTHER (explain in item 22) |     |     | 21. FUNDS<br>OBLIGATED     |  |  |

|  |  |  |  |  |  |                              |  |           |  |
|--|--|--|--|--|--|------------------------------|--|-----------|--|
| 22. REMARKS<br><br>Item 15: Air travel not used.<br>0500-0636 SEARCH WARRANT   |  |  |  |  |  | 23. EST. COST TO GOVERNMENT  |  |           |  |
|  |  |  |  |  |  | A. TOTAL COMMON CARRIER COST |  | \$ 0.00   |  |
|  |  |  |  |  |  | B. TOTAL PER DIEM AND OTHER  |  | \$ 337.00 |  |
|  |  |  |  |  |  | C. TOTAL ESTIMATED COST      |  | \$ 337.00 |  |
| 24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one)<br><input checked="" type="checkbox"/> a. GOVERNMENT ISSUED CHARGE CARD <input type="checkbox"/> b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT |  |  |  |  |  | 25. ADVANCE AUTHORIZED       |  |           |  |
|  |  |  |  |  |  | \$ 0.00                      |  |           |  |

|   |  |              |                 |              |  |              |                      |               |           |               |
|---|--|--------------|-----------------|--------------|--|--------------|----------------------|---------------|-----------|---------------|
| IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY<br>A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP. |  |              |                 |              |  |              |                      |               |           |               |
| 26. NEAR ACCOUNT CLASS.   | FUND   | ORGANIZATION | BUDGET ACTIVITY | OBJECT CLASS | FUNCTION   | COST ELEMENT | PROJECT / PROSPECTUS | COST CENTER A | WORK ITEM | COST CENTER B |
|   | Refer to accounting detail attachment (must be enabled on form preferences). |              |                 |              |  |              |                      |               |           |               |
| 27A. NAME AND TITLE OF AUTHORIZING OFFICIAL<br><br>ASHE - SAC   |  |              |                 |              | 27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN) |              |                      |               | 27C. DATE |               |